

Risky sexual behavior by young men with HIV who have sex with men

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Young men who have sex with men and have detectable levels of the human immunodeficiency virus (HIV) were more likely to report condomless anal sex, including with a partner not infected with HIV, than virologically suppressed young men who have sex with men, according to an article published online by *JAMA Pediatrics*.

HIV disproportionately affects [men](#) who have sex with men (MSM). Young MSM (YMSM, ages 13 to 29) are particularly vulnerable to HIV infection and more than one-quarter of new infections in the U.S. occur in YMSM. The success of treatment as prevention in reducing the number of new HIV infections among YMSM relies on HIV testing, antiretroviral treatment, adherence and viral suppression among YMSM with HIV. Behavioral approaches to improve engagement in care and medication adherence may need to occur in concert with interventions to reduce risky sexual behaviors, including condomless anal intercourse (CAI).

Patrick A. Wilson, Ph.D., of the Columbia University Mailman School of Public Health, New York, and coauthors examined differences in demographic and psychosocial factors between virologically suppressed YMSM and those with detectable HIV. The authors also sought to identify psychosocial factors associated with CAI and serodiscordant (between partners of differing HIV status) CAI among YMSM with detectable HIV viral load.

The authors studied 991 YMSM with HIV (ages 15 to 26) at 20

adolescent HIV clinics in the U.S. from December 2009 through June 2012. Of the 991 participants, 688 (69.4 percent) had a detectable HIV viral load. Nearly half of the YMSM (46.2 percent) reported CAI in the past three months and 31.3 percent reported serodiscordant CAI, according to the results.

More than half (266 or 54.7 percent) of YMSM with detectable HIV reported CAI, while 91 (44.4 percent) of virologically suppressed YMSM reported that behavior. Likewise, 187 (34.9 percent) of YMSM with detectable HIV reported CAI with a partner who was HIV-negative, while 57 (25 percent) of the virologically suppressed YMSM reported serodiscordant CAI, the study reports.

Analyses suggest that among YMSM with detectable HIV, those who reported problematic substance use were more likely to report CAI or serodiscordant CAI. Black YMSM with detectable viral load were less likely to report CAI or serodiscordant CAI. YMSM with detectable HIV who disclosed their HIV status to sex partners were more likely to report CAI compared with nondisclosing YMSM. Transgender study participants were less likely to report CAI than cisgender participants. Lastly, YMSM with detectable [viral load](#) who were employed were less likely to report serodiscordant CAI than those who were unemployed.

The authors note causation cannot be inferred from their study. The study sample also includes only YMSM with HIV who were linked to care and that may limit generalizability of the findings.

"Combination HIV prevention and treatment interventions, which include behavioral, biomedical and structural strategies to increase viral suppression and reduce HIV transmission risk behaviors, that target HIV-infected YMSM are needed. To truly curb HIV incidence among YMSM, we cannot solely rely on one strategy to prevent and treat HIV," the study concludes.

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